

# U.S. Army Care Team Handbook



GETTING PREPARED, STAYING PREPARED



## ***Acknowledgements***

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## ***U.S. Army Care Team Handbook***

THANK YOU for volunteering to serve on a Care Team! Caring for one of your unit families following the unexpected death or injury of a loved one is a difficult task. The support you will provide to a Soldier and family during their time of need is invaluable.

In the event a casualty occurs within your unit, the battalion commander may activate a Care Team based on the affected family's needs and request for support. This Care Team Handbook is designed to help you know the different ways in which you can support a family during this important time.

Remember, the key to supporting the family is to take cues from the family you are supporting; be flexible and adaptable as the situation changes and never lose sight of the fact that the family is the primary focus. Your role is to help make the transition a little easier. Your support should not add to the family's difficulties in any way.

Thanks for volunteering to support Soldiers and their families in a time of need. Your contribution will help give families the dignity and respect they so richly deserve.

# U.S. Army Care Team Handbook

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# Use Of The Care Team Handbook

Although this handbook was written for Care Team volunteers, the handbook also offers valuable information for battalions and unit leadership. Use of the handbook by different audiences is elaborated below.

## Battalions And Unit Leadership

This handbook and the accompanying notebook can be used by garrisons and units (Active, Guard and Reserve) to establish, activate and support Care Teams when trauma events occur. Some customization of the materials is allowed and encouraged for unit's use. For example, a local letter from the commander may be added. Forms can be filled with local/unit information or modified as needed.

Another way units can prepare and support Care Teams is to collect supplies and make them available to Care Teams once activated. Supplies that are useful to Care Teams include:

- Boxes of tissues
- Pens/pencils
- Notepads
- Telephone message book
- Guest books (for visitors and memorial service)
- Labels (for dishes brought to the family)
- Information packet on garrison and local area (i.e., community directories) (for visiting family)
- Local maps (for visiting family and friends)
- School schedules, calendars and contacts
- Boxes of thank you notes.

Units, Battalion Care Team coordinators or Care Team volunteers may also choose to set up separate folders for each of the support areas (Call Support, Home Care Assistance, etc.). These "grab and go" folders would contain a copy of the relevant section of the handbook that provides a description of the support area and the relevant forms from the Care Team forms. When a Care Team is activated, these folders would be distributed to Care Team volunteers responsible for different tasks.

The intent of these collective efforts is to facilitate the Care Team's (and unit's) ability to be ready at a moments notice.

## Care Team Volunteers

This handbook is an important resource for Care Team volunteers. Use the handbook to understand the Care Team's role and to learn how to support families effectively. The handbook discusses the responsibilities of Care Team volunteers and the nature of the support they provide to families when a trauma event occurs. Information and guidance is also given so Care Team volunteers can feel more comfortable knowing how to deal with specific situations when they occur. Use the forms which are provided in the Resource section of the this handbook to assist you in your efforts.

When a Care Team is activated, there is no time to prepare and a Care Team will have to jump into action. Being familiar with the materials can be helpful to feeling better prepared and enhancing your abilities to respond and adapt to the task of comforting a family at a very difficult time.

## PART I: What Care Team Volunteers Need To Know

### 1.1 Army's Casualty Notification Process And Casualty Assistance Program

HAVING A GENERAL UNDERSTANDING OF THE CASUALTY NOTIFICATION PROCESS and casualty assistance program is helpful to seeing how the Care Team fits into the overall efforts to support families of casualties. With this knowledge, Care Teams can support families more effectively.

#### What Is A Casualty?

According to Army Regulation 600-8-1, a casualty is any person lost to the organization by reason of having been declared beleaguered, besieged, captured, dead, diseased, detained, Duty Status Whereabouts Unknown (DUSTWUN), injured, ill, interned, missing in action (MIA) or wounded.

#### How Are Families Notified Of A Casualty?

The casualty notification process varies depending upon the type of casualty. If a Soldier is deceased, DUSTWUN or MIA, the family will be notified in person. In the case of an injured Soldier, notification depends on the nature of the Soldier's injury. Generally for very seriously injured (VSI) or seriously injured (SI), the rear detachment command or CAC will notify the primary next of kin by telephone. Sometimes a physician may contact the family. When the Soldier is not seriously injured (NSI), the PNOK is notified by telephone if the illness or injury is a result of hostile action. In these cases, the Soldier generally notifies his/her family.

#### Who Assists The Family?

There are several individuals and agencies designated by the Army to respond when Soldier injury or death occur. These individuals may be present in the home during the time the Care Team assists a family. It is important to understand the role and responsibilities of these individuals and not to conduct the tasks performed by these individuals. The role of the Care Team is to provide short-term care and support to the family (if requested) until the family's own support structure is in place.

**CASUALTY NOTIFICATION OFFICER (CNO)** The CNO is responsible for notifying the Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK) and any other person listed on the Soldier's Record of Emergency Data (DD Form 93). In addition, the CNO will inform the PNOK that a Casualty Assistance Officer (CAO) will contact the family within four hours of official notification (but not between the hours of 10 pm and 6 am).

**COMMANDER/REAR DETACHMENT COMMANDER (RDC)** The commander/RDC is responsible for coordinating support and identifying resources needed by the family. The Commander/RDC maintains ongoing communication with the family. Leadership also oversees the unit memorial service and Care Team.

**CHAPLAIN** The role of the military Chaplain is to accompany CNO when notification is made in person. The Chaplain offers pastoral counseling, comfort and solace to families. The Chaplain is also a source of information about religious observances and funeral services.

**CASUALTY ASSISTANCE OFFICER (CAO)** The CAO provides support to the family and aids with personnel-related matters. The CAO calls within four hours of official notification (but not between 10 pm and 6 am) to schedule a visit with the family. The purpose of the first visit is to identify the family's needs and offer solace. In subsequent visits, the CAO offers counsel and support to families on burial arrangements, benefits and other personnel matters. The CAO's role is to serve as an ongoing resource for the family.

The CAO is an Officer (Captain or higher), Warrant Officer or senior NCO (SFC and higher). Normally, the CAO will be of equal rank or higher than the casualty and/or the NOK that the assistance is being provided. The CAO is relieved of other duties so that the CAO can assist for as long as is necessary for the family to complete the transition (or to ensure the family is receiving benefits and entitlements). Note: A CAO is sent only when a Soldier has died or been declared missing.

**PUBLIC AFFAIRS OFFICER (PAO)** A Public Affairs Officer may contact the family to offer information and guidance on dealing with the media.

**SUMMARY COURT OFFICER** A Summary Court Officer is appointed to collect, inventory, safeguard, and send the effects of the deceased Soldier to the place requested by the NOK.

## 1.2 The Care Team's Role In Unit Casualty

The battalion commander or rear detachment commander may activate a Care Team to assist a family when a trauma in the unit occurs. The purpose of the Care Team is to offer short-term care and support to families of deceased and seriously wounded Soldiers until the family's own support structure is in place. It is important to note that the Care Team will only be utilized at the request of the family and should not be assumed to be needed in all traumatic events. Care Teams are not mandatory, but are an additional way battalions can provide valuable support to families.

### How Is A Care Team Set Up?

When a Care Team is to be sent to a family, the Commander/RDC selects a small group of volunteers from a roster of trained Battalion Care Team volunteers. When putting a team together, the RDC is likely to seek advice from a number of individuals such as commander's spouse, battalion FRG advisor, Battalion Care Team coordinator, and unit's FRG leader about who the family would most likely be comfortable having around them. Consideration is also given to whom the family has identified as caregiver for emergency situations on the family assistance information sheet. Thus, the actual composition of a Care Team can vary. Care Teams can consist of any or all of the following: key spouses from the brigade, battalion and/or company; FRG leader, and spouses from the same platoon or company as the Soldier and family. The size of the Care Team depends on the family's needs. When the unit sustains several casualties at once, the battalion commander may request other units' Care Teams to assist in the casualty situation.

Once the RDC has selected a team, the appropriate volunteers are notified by the RDC, but not until after the PNOK has been notified. The RDC may hold a brief meeting with the Care Team before the team visits the family. The RDC may appoint one member of the team to serve as Care Team leader. However, the team is under the supervision of and is to report to the RDC.

#### A WORD OF CAUTION

Care Team members and FRGs may not be notified of a Soldier's death or injury until after notification has been made to the family. Care Teams may not accompany the CNO to the house or wait outside the house while notification is being made.

### What Is The Care Team Leader's Role?

In some instances, the commander may assign one member of the Care Team to serve as Care Team leader. The role of the Care Team leader is to:

- Coordinate the assistance provided by each Care Team volunteer and how the team will perform different areas of support (including establishing shifts and subteams for different support areas, if necessary)
- Take offers of help from individuals who want to help the family. Inform these individuals immediately or contact later on what specific help they can provide. Seek guidance on gifts or donations from the RDC or unit ethics counselor.
- Talk with unit's FRG leader about how the FRG can support the Care Team in their efforts as well as Care Team volunteers themselves. (For further information, see section on Support Available to Care Team.)
- Keep the CDR/RDC informed of family's requests and support provided.



## What Does A Care Team Do?

Care Team volunteers provide assistance that complements the assistance provided by the CAO, Chaplain, and Rear Detachment Commander. The focus of Care Team volunteers' efforts is on providing practical assistance and emotional support to the family on a short-term basis so that the family can continue to function while dealing with a traumatic event. The actual support provided depends on family needs and command guidance, but can include:

- Call support
- Home care assistance
- Childcare support
- Meal support
- Transportation
- Assistance to visiting family
- Other family support.

### A WORD OF CAUTION

#### What a Care Team does NOT do

- Prepare death notices for newspaper
- Arrange donations to organization or charity in lieu of flowers if family wants to make this arrangement
- Make funeral arrangements (which includes transportation for family, childcare arrangements for children)
- Arrange emergency financial assistance or give money to family
- Brief family on benefits or entitlements
- Serve as grief counselor or offer any type of counseling

Before the Care Team goes to the family home, an assessment will be made by the rear detachment commander or Care Team leader to determine what assistance the Care Team will provide to the family. Thus, the Care Team will be given some guidance by the rear detachment commander prior to visiting the family. While on site, the Care Team may determine, based on family's requests and perceived needs, that additional support is needed. However, additional support that falls outside of these guidelines should be discussed with the RDC first. Detailed information on the ways in which a Care Team can support families in each of the aforementioned areas is provided on the following pages. This information is not exhaustive, but provides guidelines on the nature of the assistance to be provided by a Care Team.

### A WORD OF CAUTION

Let the family maintain control over what they can reasonably do for themselves. Let the family identify their needs rather than telling the family. You can make suggestions or offer to help in a particular way, but you must seek feedback from the family on these suggestions/offers. It is important not to contribute to the family's stress by being overbearing or "overly helpful".

## Call Support

- ☐ **Screens calls and visitors according to family's wishes.** Do not give any information unless you are sure to whom you are talking and the family member agrees. In the case of serious injury, identify with the family what information the family wants shared and what they do not want shared. With regard to the media, discuss with the family how they would like the Care Team to handle media requests. (For further information, see section on Dealing with the Media.)
- ☐ **Keep one phone log.** Write down the name of all individuals who call and associated telephone numbers. It may mean a lot to the spouse later to see who called and can be used by the family for sending thank you notes. Also, you can use it to call back those who wanted information on the funeral and memorial services.

**TIP:** Make copies of and use telephone messages form provided in the Forms section of this handbook or purchase a telephone message book to keep track of phone calls.

- ☐ **Get a list of condolence phone calls the chain of command receives** and information about VIPs expressing sympathy to the Command Group. Be sure to pass this information on to the family so that they are made aware of these calls. A list can be added to the phone log maintained by the Care Team.
- ☐ **Ask if there is anyone the spouse/family would like you to call or who needs to be contacted.** Individuals that may need to be contacted might include:
  - ☐ Extended family. Help the spouse make calls to other family members, but let him/her tell them of the death or injury.

**TIP:** This is the family's responsibility. If the spouse asks you to make the calls, encourage the spouse to make these calls. You, the Chaplain or a family friend can support the spouse through this process. The brother, sister, mother-in-law, etc., will be most appreciative. After all, the extended family in most cases will not know you. A Notification Log is provided in the forms section of this handbook for keeping track of who the family notifies.

- ☐ Friends
- ☐ Neighbors
- ☐ Spouse's employer (if employed)

- ☐ Spouse's volunteer agency (if volunteers)
  - ☐ Clergy of family's place of worship (if attends off post)
  - ☐ Groups or associations the family belongs to. The group may want to assist in helping the family.
  - ☐ Children's school
  - ☐ Children's coach or teachers of extracurricular activities.
- 
- ☐ **Find out what family appointments need to be canceled or rescheduled.** Make the appropriate calls per family's instructions.

## Home Care Assistance

- ☐ **Maintain a list of questions for the CAO.** It is very helpful to have a notebook to write down any and all questions that the spouse/family has. Remind the spouse of the questions when the CAO is there so the CAO can answer them. Remember, the Care Team should not be answering questions that pertain to CAO or RDC responsibilities (benefits, entitlements, funerals, etc.)

***TIP:** Make copies of and use Questions for CAO form in the Care Team Forms.*

- ☐ **Maintain a list of questions for the Commander/RDC.** It is very helpful to have a notebook to write down any and all questions that the spouse/family has for the commander/RDC. This is particularly important as unit leadership maintains contact with a family of a wounded Soldier.

***TIP:** Make copies of and use Questions for RDC form in the Care Team Forms.*

- ☐ **Keep records on visitors and gifts.**
  - ☐ Keep a record of who sends flowers and gifts along with a brief description. (Note: A Gifts and Meals form is provided in the Care Team Forms for this purpose.)
  - ☐ Keep all cards.
  - ☐ Keep a record of who visits the family and attends the memorial service. (Note: A Visitor Log is provided in the Care Team Forms for this purpose. Alternatively, a guest book may be used to have visitors sign at the house and at the memorial service.) Remember to add these visitors to the list of people who've helped or expressed condolences so the family may thank them later if they wish.
- ☐ **Identify what assistance is needed with household matters** (e.g., laundry, housecleaning, lawn care, pet care or boarding, shopping, mail, snow removal) **and arrange for help as appropriate.** Run errands as needed. Note: In the event the family needs money, this matter should be addressed with the CAO or Rear Detachment Commander who can assist the family in getting emergency financial assistance. Care Team volunteers should not lend money to the family or provide financial advice.

***TIP:** Consider developing a form for tracking who will be assisting with different household matters.*

- ☐ **Inform Rear Detachment Commander of any needs the Care Team can not address or becomes aware of.** For example, notify the commander if the family needs translation services or has difficulties accessing services.

## Childcare Support

If the family has children, it will be important to look into children's needs and to support children in appropriate ways based on the children's ages.

- ☐ **Assess children's needs and obtain information to include:**
  - ☐ Ages of the children
  - ☐ Current childcare arrangements and childcare needs while family deals with trauma situation (e.g., Does the family need someone to stay with any children at home so the adult(s) can meet with the CAO or attend to pre-departure needs if traveling to medical facilities to visit wounded Soldier?)
  - ☐ Children's medical issues (it may be necessary for caretakers/babysitters to be aware of particular medical conditions/problems)
  - ☐ How death or injury was explained to child(ren) (so caretakers, babysitters and others are aware of what children have been told and have a sense of what can/can not say)
  - ☐ Whether children residing elsewhere
  - ☐ Children's school and extracurricular activities; and what adjustments will be made while family is dealing with trauma situation, even if temporary (e.g., will children stay at home and not attend school until time of funeral?)
  - ☐ Children's transportation needs.

**TIP:** Consider creating and recording information on a form as information is gathered about children's allergies, medical conditions, food preferences, schools, activities, schedules, and so forth.

- ☐ **Identify friends of family or children who may be willing to offer support.** (This can be very helpful for teens.)
- ☐ **If necessary, obtain a release statement signed by the spouse** so that children can be picked up or dropped off at childcare center, school, or other location. Arrange transportation for children as needed.

## Meal Support

- ☐ **Go grocery shopping as needed.** Be mindful of food allergies, dietary restrictions and preferences.

***TIP:** Make copies of and use grocery list provided in Care Team forms.*

- ☐ **Coordinate meals for family.** Ensure food is also available for visiting family and visitors when they are at family's residence. To make meal/food arrangements, will entail the following steps:
  - ☐ Identify special needs, food allergies, religious or dietary restrictions of family members.
  - ☐ Find out the types of dishes/foods family members (including children) like.
  - ☐ Identify out-of-town family members and friends expected to visit family.
  - ☐ Designate one person to serve as the coordinator. It is often helpful if the coordinator is a friend of the family as he/she can be a liaison between the family and those wanting to provide meals. The coordinator should:
    - Manage the delivery of food to the family and meal assignments as necessary. Consider keeping a log of all who provided food so that they can be thanked later. (A Gifts and Meals form is provided in the Forms section of this handbook.)

***TIP:** It may be helpful and/or necessary to create a chart showing which volunteers or individuals can provide meals on which days.*

- Ensure family receives a variety of meals and that the same types of meals are not being provided repeatedly unless desired by the family.
- Monitor the quantity of food being provided against family's desires. For example, a family may not want a meal delivered every night, but rather at specific intervals. Or a family may want food that they can put in the freezer and pull out as needed.
- Provide guidance to those wanting to provide food. Consider giving out a handout to all individuals wanting to provide food, if necessary.

**TIP:** Guidance that may be important to provide would include:

- Give information about food allergies, dietary restrictions and food preferences.
  - Advise individuals to consider children's tastes when thinking about dishes to bring. Children are often not big fans of gourmet meals.
  - Let individuals know that snack foods are also welcome.
  - Identify the individual who will accept the food on behalf of the family. If necessary, identify the time and location for dropping off food.
  - Encourage those individuals preparing separate courses to have one individual drop off all the courses at one time to the family's home.
  - Ask individuals to tape any heating/refrigeration directions and their name to the item so the dish can be enjoyed in the manner intended as well as prevent food from spoiling.
  - Request that food be brought in disposable pans, plates and zip-type bags so the family does not have to worry about returning dishes to the proper owners.
- Label foods/meals received as necessary.

**TIP:** It is a good idea to have labels on hand to record who brought the food, the date, and any cooking or reheating instructions, if food brought to the family is not labeled.

- Return dishes to owners as necessary.

## Additional Family Support

- ☐ **Assist visiting family and friends.** This may include:
  - ☐ Offer assistance with access to installation, lodging, and/or transportation as needed. A Visiting Family and Friends Travel Information form is provided in the Care Team forms to assist in identifying these individuals' needs.
  - ☐ Provide a welcome basket or information packet to include snacks, local and garrison maps (which can have key places marked), important phone numbers and local contact information, list of restaurants and hotels, and directions to family's house and locations where memorial service to be held. (optional, but a nice gesture)

***TIP:** The Army Community Service (ACS) and Guard/Reserve Family Program offices can assist Care Teams in preparing an information packet. In fact, these offices often already have such packets. The Care Team would only need to supplement the packet with unit information, directions, and other pertinent information related to the situation or visiting family/friends' needs.*

- ☐ Help family members meet and talk to Soldiers who knew the deceased if possible.
- ☐ **Assist family with personal arrangements related to funeral.** This may include:
  - ☐ Help in getting necessary clothes for the funeral or memorial service.
  - ☐ Help family prepare if funeral is not local.
  - ☐ Bring a guest book to the funeral and memorial service.
  - ☐ Videotape the memorial service and/or consider making a videotape of Soldiers talking about the deceased. These videotapes can mean a lot to the family.
  - ☐ Collect photos from members of the Soldier's unit. Make copies and give them to the family.
  - ☐ Ask someone (PAO, if possible) to keep the articles and news coverage.
  - ☐ Arrange someone to housesit during the funeral and memorial service, if necessary.
  - ☐ Help family arrange location, food, preparation and clean up for a gathering held after the service, if the family elects at family home or at designated location.



☐ **Assist family with arrangements related to visiting wounded Soldier.**

This may include:

- ☐ Help in packing clothes (including clothes and items Soldiers may want or need while in hospital).
  - ☐ Ensure spouse/relative on ITO has the following documents assembled prior to traveling:
    - Copy of Invitational Travel Order (ITO)
    - Military ID card
    - Power of Attorney
    - Immunization records for traveling child(ren) needing daycare
    - Name and phone number of the Soldier's unit
    - Valid passport if traveling overseas (If a family member does not have a passport, one can be obtained quickly through the Casualty Assistance Command.)
  - ☐ Help in making travel arrangements if not handled by rear detachment commander (e.g., transportation to and from airport, local transportation information or car rental in location of wounded Soldier, etc.)
  - ☐ Make necessary arrangements for family members that will remain in the home (e.g., children, elderly parents, individuals with special needs)
  - ☐ Make necessary house arrangements for extended period of absence (e.g., pet boarding, house sitting or notifying civilian/military police to check on house, stopping mail and newspaper, lawn care and mowing, house plant care, snow removal, emptying refrigerator)
  - ☐ Cancel and/or change personal appointments
  - ☐ Obtain notification or releases for children's day care and schools.
- ☐ **Arrange or provide transportation.** This may be helpful as the intense emotions a family experiences can make an individual too tired or too distracted to drive.
- ☐ **Accompany family to local hospital.** This can be a helpful way to support families of wounded Soldiers.
- ☐ **Offer family a stress relief break.** Take spouse and/or children out for a meal or an activity to have a break and enjoyable activity. This can be helpful to both families of fallen and wounded Soldiers.

## **When Does A Care Team Assist A Family?**

A Care Team is sent after the family is notified and **ONLY** if the family requests this assistance. In the case of fallen Soldiers, a Care Team will be sent immediately following notification. In the case of wounded Soldiers, a Care Team may be sent immediately following notification and prior to the family leaving to join the wounded Soldier in the hospital/medical treatment facility or may be sent immediately following family's return. At the time the family returns, the wounded Soldier may or may not have been transferred to a hospital or veteran's rehabilitation program in the family's geographical area.

Other unit trauma situations in which a Care Team may be sent to assist a family include: suicide of Soldier, MIA, POW, and death of a Soldier's spouse or dependent child.

## **How Long Does A Care Team Assist A Family?**

The intent is for the Care Team to assist the family until extended family members arrive to support the family or when no extended family is available. Further, the Care Team's assistance is intended to be provided on a short-term basis, anywhere from 72 hours to two weeks. The actual length of time depends upon the family's needs, RDC guidance and presence of other family members/friends to support the family.

After assisting the family, an After Action Review (AAR) may be scheduled. This review provides a process for Care Team members and Rear Detachment Commander to discuss the Care Team activation and make notes on what went well, what could've been changed, etc. The AAR serves as a tool for future Care Teams and input is very valuable. (An AAR form is provided in the Resource section of this handbook).

After assisting a family, it is also important for the Care Team to write thank you notes to individuals that assisted the Care Team. (These individuals may be identified in the "who helped" section of the AAR form.) While the family may elect to write thank you notes to certain individuals, if the Care Team asked or received assistance, it is suggested that the Care Team recognize this support.

## 1.3 Support Available To The Care Team

The Care Team will be supported by a number of individuals and groups. A brief description of these supports is provided.

### Commander/Rear Detachment Commander (RDC)

The Commander/Rear Detachment Commander is responsible for supporting and supervising the Care Team. The ways in which the commander/RDC can support the Care Team include:

- Helping Care Team determine their role and how long to assist a family. In particular, the commander/RDC can provide guidance on what family requests are appropriate and inappropriate to handle. The commander/RDC can also provide an exit plan.
- Ensuring Care Team has support needed to perform the Care Team's tasks. For example, the commander/RDC (or with the aid of the unit's FRG) can help recruit individuals to help the Care Team with certain tasks. The commander/RDC can talk with the unit's FRG leader about how the FRG can support both the Care Team and individual Care Team volunteers.
- Identifying resources for family and visiting family.
- Monitoring Care Team volunteers' well-being. Out of genuine concern for volunteers' welfare, the commander/RDC will want to make sure Care Team volunteers are taking care of themselves (i.e., eating properly, getting sleep) and will encourage volunteers to use stress management techniques and to take breaks. The commander/RDC may also monitor or restrict the number of hours Care Team volunteers spend assisting the family.
- Arranging for the Chaplain to talk with Care Team volunteers as needed.

### Chaplain

The Chaplain can provide counseling and guidance on dealing with family's emotions as well as the stresses and emotions experienced by Care Team volunteers. You are encouraged to talk with the Chaplain as it can be very helpful.

### Unit's FRG

The unit's FRG can provide support to the Care Team and individual Care Team volunteers in ways that include:

- Offering meals to Care Team volunteers
- Making meals for family based on arrangements with Care Team
- Providing transportation
- Providing child care for Care Team volunteers' children.

The specific assistance provided will be based on Care Team needs and will be coordinated between the FRG leader and Care Team leader or Commander.

### Unit Families

The families in the Soldier's unit or other units may offer to help the affected family. These offers should be accepted and managed by the Care Team, preferably the Care Team leader. Enabling unit families to assist can help these families' recovery and can also help the Care Team meet the affected family's needs.

## PART II: Guidance And Tips For Care Team Volunteers

### 2

### 2.1 Preparing And Being Ready To Be A Care Team Volunteer

Before serving on a Care Team, it is important to prepare by doing the following:

- ☒ Attend Operation READY Care Team training
- ☒ Read this Care Team handbook. Familiarize yourself with Care Team role and forms.
- ☒ Think about and make appropriate plans so that you can step into the role quickly when called. Issues to think about include:
  - Who will take care of your children? What arrangements are needed if your spouse will be working extended hours or on deployment? For instance, will a grandparent, friend or other family member need to come stay with your children? If your children are older, can someone check in with them and/or provide a place for them to go after school?
  - What transportation support will your children need? Who can help with transportation to and from school and after-school activities?
  - What information will you give your children and when? If your children are old enough, tell them that in the event of a tragedy you may be called upon to offer support.
  - What arrangements do you need to make with your employer or volunteer agency so that you can take time off in a moment's notice?
  - What household matters will need to be handled differently? If so, how will these be handled?
  - Who will take care of your pets?
- ☒ Consider preparing a bag ahead of time of items that you may need. Things to include:
  - Care Team handbook
  - Care Team forms and any handouts developed
  - List of important telephone numbers
  - Local maps
  - Pen/pencils
  - Notepad
  - Personal care items (toothpaste, toothbrush, deodorant, etc.)
  - Change of clothes
  - Snacks and water
  - Box of tissues.

Once you are notified, you will be expected to:

- ☒ Implement your plan.
- ☒ Meet with RDC and obtain any supplies provided by the unit.
- ☒ Take any necessary supplies (e.g., forms) when go to family's residence.
- ☒ Coordinate your efforts with Care Team leader, if assigned, or RDC.
- ☒ Provide comfort, listen and fulfill appropriate family requests. Stick to Care Team role.
- ☒ Maintain family privacy and confidentiality.
- ☒ Take care of yourself.

## 2.2 Dealing With Family's Emotions And Reactions

Having an understanding of how and why families react the way they do to traumatic events can be helpful to dealing with family's emotions. Specific guidance on dealing with grief and trauma reactions is also provided in this section.

### Understanding Reactions to Trauma Events

Individuals' reactions to traumatic events vary so it can not be assumed how a family will react. Reactions tend to be multi-faceted, meaning there are physical, emotional, cognitive, and behavioral reactions. Many factors can influence how any given individual reacts so it is not possible to predict how a family will react to a trauma event.

The reactions a family exhibits are a response to the stress, fear, vulnerability and loss the family has experienced or is feeling. When a traumatic event occurs, a family experiences:

- An unexpected event
- Injury or death of a loved one
- Loss
  - personal loss such as loss of husband/parent
  - symbolic loss such as loss of sense of security and loss of identity
  - ambiguous loss (i.e., the uncertainty of family unit and relationships as in case of seriously wounded, POW and MIA)
- A prolonged sense of crisis or lack of control feeling ( a feeling that can arise from the sense "their whole world has just turned upside down" and the life change that has just occurred)
- Additional stressors (family now faces decisions and matters that have to be addressed, etc.).

In addition, it is common for a family to struggle to find meaning in the event (i.e., "why did this happen?"). Thus, reactions initially following the trauma event may be intense, but not always. Reactions do tend to change over time as the family moves through the recovery process and transitions to the new situation. During the recovery process, there will be good days and bad days for a family until they are able to thrive. Keep in mind that it will take time for a family to recover. The length of time to recover will vary across families and across individual family members.

Normal Trauma Reactions	Normal Grief Symptoms
<ul style="list-style-type: none"> <li>• Feeling of horror</li> <li>• Sense of safety threatened</li> <li>• Grief/traumatic grief</li> <li>• Anger/Irritability</li> <li>• Fear</li> <li>• Disbelief/Shock</li> <li>• Numbing and withdrawal</li> <li>• Helplessness</li> <li>• Confusion</li> <li>• Unexplained somatic symptoms</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Feeling jumpy; easily startled</li> <li>• Sleep disturbances</li> <li>• Nightmares/flashbacks</li> <li>• Distrust</li> <li>• Loss of confidence in self or others</li> <li>• Questioning or shattering of beliefs</li> <li>• Self blame/survivor guilt.</li> </ul>	<ul style="list-style-type: none"> <li>• Shock</li> <li>• Numbness</li> <li>• Denial</li> <li>• Overwhelming sense of loss</li> <li>• Strong yearning or longing for loved one</li> <li>• Sense of emptiness; sense part of you has died</li> <li>• Generalized pain/heaviness in chest</li> <li>• Sadness</li> <li>• Depressed or hopeless about future</li> <li>• Cry easily</li> <li>• Loss of interest in eating</li> <li>• Anger</li> <li>• Guilt</li> <li>• Fear</li> <li>• Anxiety</li> <li>• Physical symptoms (e.g., stomach upset, headaches, pain or heaviness in chest, intense fatigue)</li> <li>• Feeling of restlessness</li> <li>• Loneliness</li> <li>• Lack of motivation</li> <li>• Social withdrawal</li> <li>• Loss of interest in social activities</li> <li>• Dreams about deceased</li> <li>• Difficulty sleeping</li> </ul>

**Traumatic grief.** A sudden loss of a Soldier, child or family member is particularly difficult when death has occurred under any of the following circumstances: 1) death occurred without warning and opportunity to say goodbye, 2) death occurred as result of violence, 3) death in which body is never recovered, 4) multiple losses (e.g., mass casualty), and 5) death occurred as result of willful misconduct of others (e.g., accidents, war and terrorism). Traumatic deaths or sudden loss of significant attachment can lead to a more complicated and longer grief process. Traumatic grief is when an individual shows extreme distress over an extended period of time or that dominates an individual's life. It is not uncommon for these individuals to experience intense reactions including agitation, suicidal ideation, and powerful rage (e.g., anger toward those perceived to be responsible) or revenge fantasies. These individuals also commonly have frightening memories/thoughts about the traumatic event by either agonizing about what their loved one experienced during the final moments of life or recalling the horror of the traumatic event they experienced. These frightening memories/thoughts along with the intense symptoms of distress are over and above the normal symptoms of bereavement.

**Posttraumatic stress disorder.** Symptoms of PTSD can also occur with traumatic events. In the context of a traumatic death, PTSD symptoms will appear as follows:

- Re-experiencing the traumatic event by having painful, intrusive thoughts or nightmares about the death
- Avoidance or emotional numbing (e.g., staying away from places, activities, or things related to the loved one's death)
- Feeling detached from others and inability to feel positive emotions
- Increased persistent anxiety and physiological arousal (e.g., difficulty sleeping, irritability, difficulty concentrating, tendency to be startled easily).

While these symptoms are normal symptoms of grief, when all of these symptoms occur together and persist then the individual may be experiencing PTSD and needs professional help.

## Dealing with Family's Emotions

Each trauma event and family (both their reactions and needs) is different so Care Teams need to view each situation as unique. This means that Care Team volunteers will need to think on their feet and adjust to the situation. The key to providing valuable support is to take cues from the family; to be flexible and adaptable as the situation changes, and to never lose sight of the fact that the family is the primary focus. The family is going to have good days and bad days. So please remember not to take things personally, and encourage others also to be tolerant and kind. The family is going through a difficult situation, and the Care Team's role is to help make it a little easier, not add to it in any way.

Upon entering the home for the first time, you may encounter great emotion. Tell the family member that you are sorry about their loved one's death or injury. In the situation of a death, use the deceased's name soon and often. Doing so makes it easier for everyone to talk about the deceased. This is a great gift to the spouse/family. The table on the following pages offers other tips on how to deal with individuals' grief and other trauma reactions. Keep in mind that families of seriously wounded Soldiers may also show grief along with other trauma reactions. Many of these tips are also applicable to these families.

### TIPS ON DEALING WITH INDIVIDUALS' GRIEF AND TRAUMA REACTIONS

#### Do's

- ★ Express your sorrow for the deceased and the family. Say you are sorry about the griever's pain and the situation. Simply say, "I'm sorry" or, "Words fail me."
- ★ Remember to extend condolences to forgotten mourners: grandparents, siblings, stepchildren, aunts and uncles, and cousins. Be observant of the children. Children mourn too.
- ★ Be compassionate and sensitive.
- ★ Accept diversity in how individuals respond and cope. Accept grief and anger as normal reactions.
- ★ Let individuals know that their reactions are normal.
- ★ Be patient. Give the individual time to grieve and recover. Avoid judgments about the family and the tragic situation.
- ★ Listen quietly and nonjudgmentally. Allow the family to talk and in the early stages of grieving, to take the lead in conversation. Allow family members to express as much grief as they are feeling at any given moment and are willing to share. The family needs "permission to grieve." Allow the family to talk about the endearing qualities of the person that has died.
- ★ Be comfortable with just being silent and not talking. Also, if you do not know what to say, that is okay. Sometimes it is hard to find the words that convey what you are feeling for the family and their loss. That is perfectly all right. Sometimes the best way to comfort is just by being with them. Your presence is all that is needed and is the one thing that is most appreciated.
- ★ It is a good practice to mention the deceased by name.
- ★ Arrange or provide practical assistance and support as appropriate. Also encourage individual to ask for help. Be aware that it is often difficult for grieving people to reach out for help.
- ★ Let your genuine concern and caring be visible. Accept that it is not possible for you to make the grieving person feel better. Be accessible, but not pushy.
- ★ Sometimes the family just does not want to see anyone because they are tired or just want to be alone. Do not take this personally, but give them the space needed. If you sense that "traffic control" is warranted, step in and be the gate keeper.
- ★ Encourage family to take care of themselves (i.e., eat properly and get rest).
- ★ Ensure family does not become isolated. Encourage family to have contact with their support network and connect with others.
- ★ Keep in mind that you may become emotional as well; be aware of your own feelings and how the loss/event affects you.
- ★ Respect family's privacy. Sometimes, this does not mean leaving but rather going to another room.
- ★ Be sensitive to the needs of the situation and respond accordingly.
- ★ Be aware that a lot of attention is focused on the family during the first two weeks after notification, so consider periodically contacting and checking on the family after this initial time period to let the family know that people care and are thinking of them.
- ★ Remember holidays and special family dates can be difficult times, especially during the first year. Do not allow the family to be isolated and provide comfort at these times when possible.
- ★ Be aware of warning signs when professional help needs to be sought. Encourage family to seek professional help if unable to cope or struggling with emotional response for months.



**Don'ts**

- ★ Don't be afraid of silence. Don't be afraid of tears.
- ★ Don't inhibit open communication. For example, don't change the subject when the griever mentions the deceased.
- ★ Don't let your own sense of helplessness or discomfort, keep you from reaching out to the family.
- ★ Don't answer questions about the injury or death. It is common for families to have questions, but refer family to CAO or RDC.
- ★ Don't impose your explanation on why this has happened. Don't try to answer the question, "why?"
- ★ Don't say "I know how you feel" or "Everything will be all right".
- ★ Don't say anything that implies a judgment about the family's feelings: "You ought to be feeling better now" or "You'll be feeling better in a month or so" or "I know how you feel." Don't encourage the family to "get over it".
- ★ Don't make statements or ask questions that induce guilt or affix blame.
- ★ Don't treat the family like invalids. Let the spouse/family be in control and do the things that they want to do for themselves. There is a tendency for volunteers and those trying to give assistance to over do it. Although well intended, for the family, this can become very trying at times. Keep in mind that the family may be experiencing anger and a sense of loss of control so little things can become big things. The bottom line is, if the family wants to get their own coffee, get their own sandwich, answer their own phone, etc., let them.
- ★ Don't be too direct or give advice. (For example, don't make suggestions regarding packing up clothes, photos, etc.)
- ★ Don't try to find something positive in the death. Don't make statements, such as "God knows best" or "It's God's will".
- ★ Don't impose your own religious beliefs or discount those of the family. Respect family's religious and cultural beliefs.
- ★ Don't assume anything. For example: if the widow isn't crying, don't assume she's not upset or if she's screaming, don't assume she can't care for herself or her family.

*Source: This is a compilation and adaptation of information provided in Army War College's A Leader's Guide to Trauma in the Unit, Fort Sill's Care Team training and Phantom Thunder Care Team Guide, Fort Riley's CDR/1SGT Course, Deployment Health Clinical Center's fact sheet entitled A Normal Reaction to an Abnormal Situation, and Operation READY Rear Detachment Commander's training.*

## 2.3 Maintaining Confidentiality

Privacy is of the utmost importance to families during times of trauma. It is expected that all Care Team members will keep personal matters disclosed to them in the strictest confidence. A more detailed discussion with specific examples of how to protect a family's privacy is provided in the tips box.

### TIPS ON MAINTAINING CONFIDENTIALITY

- ★ Do not disclose specific details to anyone other than the RDC, the Chaplain, the Casualty Assistance Officer, and the Care Team leader.
- ★ During the course of working with the family, you may learn many intimate details of the family's life. Keep this information to yourself.
- ★ Only give information with the permission of the spouse and/or family involved.
- ★ Protect the person's privacy when reporting to others. For instance if you are informing the Chaplain of something that happened with the family, do not use names or specific details when others may be present. Move to a private area when possible.
- ★ **When confidentiality does not apply.** During the time you are assisting a family, if there is any suggestion of any of the following issues: suicide, neglect, or assault, inform the person that you are obligated to report the situation. Depending on the severity of the situation, call 911, RDC, and/or Chaplain. If there is a possibility of immediate danger to an individual, contact the police right away. If you are asked to keep this type of information, which may be illegal or dangerous (to themselves or others) in confidence, inform the person that confidentiality does not cover these areas.
- ★ Have a clear understanding of what situations the Commander expects to be reported to him. This information should be discussed with the Commander before the Care Team interacts with the family. You should inform the person involved that they are touching on areas which you must report. Informing the person of your obligation to report to others is being honest with the person and gives them the choice of whether or not to continue the conversation, knowing the consequences if they choose to do so. If you are unsure about whether a specific situation falls outside the confidentiality areas or must be reported to the command, excuse yourself and contact the RDC and/or the Chaplain for advice.

### THE BOTTOM LINE:

**Protect the person's privacy as you wish yours protected.**

## 2.4 Dealing With The Caregiver

A caregiver is an individual selected by the grieving spouse/family to remain in the home and act as a facilitator and gate keeper to all the well-intended outside support until the family's own support system begins to work. In some cases, the caregiver has not been trained and certified by the command. If this is the case, the RDC or Care Team leader may provide them with a Care Team Handbook and a brief orientation to help them manage their role in support of the spouse of the deceased.

## 2.5 Dealing With The Media

In the most stressful hours of coping with a trauma in the unit, you or the family may be approached by the media for a formal interview, an informal comment or a gut reaction. You and the family have the right to accept or decline media interview requests. Contact your command whenever the family or you are approached by the media.

If the family is approached, encourage the family to contact the PAO for assistance with any media interaction. The PAO can advise and coach as to the best approach. If the family elects to talk to the media, the PAO can be present with the family during the interview process. Alternatively, the family may wish to write a statement that is read to the media and not answer any questions.

If you decide to speak to the media on behalf of the family (and with their permission), here are helpful tips for handling your interaction with the media.

### TIPS ON DEALING WITH THE MEDIA

- ★ Know with whom you are talking. Ask for and write down the reporter's name, telephone number, and name of the media organization.
- ★ Anticipate what questions reporters may ask. Determine response to questions or prepare a written statement with the help of the PAO, and stick to the statement.
- ★ Listen carefully to the question. Think before speaking.
- ★ Know your limitations. If you do not have first-hand knowledge, do not speculate. Provide explanation when you can not answer a question.
- ★ Be brief in answer and just answer the question. Be cautious about questions that lead to only "yes" or "no" responses. Do not answer "What if..." questions.
- ★ Avoid acronyms.
- ★ Know what not to discuss or say. Know how to respond to specific types of questions.
  - Do not say "off the record".
  - Never give sensitive information that could jeopardize the safety, security and privacy of either Soldiers or family members.
  - Don't say anything you don't want printed, heard or seen.
- ★ Be positive. Do not argue. Be courteous and diplomatic. Be yourself.
  - Be sincere about how you feel. If it upsets you, or you are frustrated, say that.
  - Answer in the first person. Use "I" rather than "we."
- ★ Don't be intimidated by the media.
  - Do not be afraid of silence. Often the media will use this as a tool to make you feel uncomfortable or to say more than you intended.
  - You may politely refuse to cooperate with the interviewer. Stay in control and do not let anyone persuade you to do or say anything you do not want to.
  - End the interview when you are ready.
- ★ Notify PAO, if you have not already done so.

*Note: For additional information about dealing with the media, attend the garrison or Reserve Component public affairs training or consult the Army Family Team Building online or class course on this topic.*

The box below presents some general information about the media's presence and access to information.

### Frequently Asked Questions About Media

**Will media be allowed to attend the funerals and/or unit memorial services?**

Families determine media attendance at funerals or family memorials. The unit Commander determines attendance at unit memorial ceremonies. The unit Chaplain determines attendance at unit services.

**How are Soldiers' names released to the media? Can family members have a Soldier's name withheld from the media?**

Once required next of kin notifications have been completed, the Army Human Resources Command Public Affairs Office will release the information to the Army's Office of Chief of Public Affairs (OCPA), 703-697-7550. OCPA releases to Office of Secretary of Defense Public Affairs and the media, 24 hours after official notification is complete. Although families may request their Soldier's name be withheld, it is a matter of public record and may be released without their permission.

**What information is released to the public?**

Information released to the public includes: the Soldier's name, age, place of birth, unit, as much information about the incident as is available, next of kin information (name, relationship to the Soldier, and their city and state of residence), when and where the Soldier entered the Army, and the Soldier's Military Occupational Specialty (MOS) or branch. Because the Army wants to release as much information as possible as quickly as possible, names will be released immediately. However, there may be times when not all information will be immediately available. Follow-up releases may be provided when necessary.

**How can media representatives get information?**

Media representatives can call the Department of the Army Public Affairs at 703-697-7550. No media updates are disseminated through the hotline.

**How often will information be released to the media?**

Department of the Army Public Affairs will determine the regular release of information.

**Are there any media sites that will be set up at the incident site or at the unit's home station?**

All information will be initially released at the Department of the Army level. If a media center is established, information will be available from Army Public Affairs, Media Relations Division, 703-697-7550. Information may also be disseminated through the unit or installation public affairs office of the unit involved. Office of the Chief of Public Affairs (OCPA) determines the level of response, in coordination with subordinate commands. Public release is made at <http://www.defenselink.mil>. releases 24 hours after HQDA receives confirmation of completed PNOK notification.

## 2.6 Taking Care Of Self

To support families effectively, it will be important for Care Team volunteers to take care of themselves when assisting a family. This involves taking steps to deal with own reactions, handle stress, and avoid compassion fatigue.

### Dealing With Own Reactions

Keep in mind that you may be grieving and/or dealing with your personal reactions to the trauma event. This is especially true if the Soldier was a friend. Allow yourself to grieve.

Helping a family can be rewarding and meaningful. However, it is important to be mindful of your reasons for assisting the family. Have realistic expectations of how you can assist the family. This is vital to being able to maintain the empathy and provide the support needed by the family. Additional guidance is provided in the subsection entitled avoiding compassion fatigue.

### Handling Stress

Helping a family in distress can take an emotional toll and be stressful. Be aware of the symptoms and signs of stress so that you can take action when you feel stressed. Because individuals display stress in different ways, you may not show your stress in the same way as another Care Team volunteer. Be attentive to what you are personally experiencing.

#### Normal Stress Symptoms

Physical Symptoms	Emotional Symptoms	Behavioral Symptoms
<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Pounding heart</li> <li>• Dryness of mouth and throat</li> <li>• Shortness of breath</li> <li>• Muscle aches (e.g., pain in neck or lower back)</li> <li>• Trembling, nervous tics, easily startled</li> <li>• Stuttering, other speech difficulties</li> <li>• High-pitched nervous laughter</li> <li>• Grinding teeth; clenched jaw</li> <li>• Fatigue</li> <li>• Frequent need to urinate</li> <li>• Excessive sweating</li> <li>• Stomach problems (e.g., diarrhea, indigestion, queasiness, vomiting)</li> <li>• Headache</li> <li>• Muscle tension</li> <li>• High blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty sleeping</li> <li>• Nightmares</li> <li>• Feeling powerless, helpless or insecure</li> <li>• Fear</li> <li>• Anxiety</li> <li>• Sadness</li> <li>• Depression</li> <li>• Restlessness</li> <li>• Worrying</li> <li>• Anger</li> <li>• Mood swings</li> <li>• Confusion</li> <li>• Forgetfulness</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of appetite or excessive appetite</li> <li>• Inability to concentrate</li> <li>• Impulsive behavior</li> <li>• Irritability; decreased anger control</li> <li>• Increased alcohol, tobacco or drug use</li> <li>• Apathy; inactivity</li> <li>• Withdrawal or isolation</li> <li>• Crying spells; crying for no reason; overpowering urge to cry or run</li> </ul>

It is important to deal with stress right away and in effective ways.

### TIPS FOR MANAGING STRESS

These tips are designed to increase your ability to cope with the situation and reduce your level of stress.

#### Maintain health and well-being

- ★ **Take good care of yourself.** It is very important to exercise, eat properly, and get enough sleep. Maintaining your health is very important, especially in highly stressful situations.
- ★ **Avoid using alcohol and drugs.**

#### Manage how you approach the situation and your time

- ★ **Take one thing at a time.** Determine priorities and pace yourself accordingly.
- ★ **Be realistic about what you and can't do.** Ask for help when you need it.
- ★ **Know your limits.** Say "no" when you need to do so.
- ★ **Maintain a balance between assisting the family and own personal/family obligations.** Maintain contact and spend time with your family.
- ★ **Be flexible.** Accept that you don't have control over some situations.

#### Take action when "stressed out"

- ★ **Do activities that help you relax.** Meditate, walk, listen to music, write in a journal, or whatever works for you to help you relax.
- ★ **Do something fun and enjoyable.**
- ★ **Take a break.** Taking a five minute break or brief walk can be helpful to reenergize. Do not assist a family round the clock, work in shifts.

Sources: National Mental Health Association; Mayo Clinic; AE PAM 600-8-109-1, Family-Focused Deployment Guide; Family Readiness Guide: A Deployment Guide for 3rd COSCOM Soldiers, Civilians and Families

## Avoiding Compassion Fatigue

Care Team volunteers are at risk of developing compassion fatigue. Compassion fatigue (or vicarious traumatization) is when a Care Team volunteer shows signs of posttraumatic stress. It occurs as a result of ongoing exposure to witnessing a family's suffering and hearing about their experiences. Exhibiting some stress symptoms is normal. However, when the level of stress does not diminish, especially after Care Team has ended its assistance, or normal functioning becomes impaired, then it is important to seek professional help. A constellation of symptoms listed in the table below may indicate a need for professional help.

SIGNS OF COMPASSION FATIGUE			
Physical Symptoms	Cognitive Symptoms	Emotional Symptoms	Behavioral Symptoms
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Upset stomach (stomach aches, nausea, diarrhea)</li> <li>• Dizziness</li> <li>• Heart pounding</li> <li>• Flu or cold-like symptoms</li> <li>• Tremors</li> <li>• Sweating</li> <li>• Soreness in muscles, lower back pain</li> <li>• Exaggerated startle reaction; jumpiness</li> <li>• Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty concentrating</li> <li>• Forgetful</li> <li>• Slowness of thinking and comprehension</li> <li>• Inability to make decisions</li> <li>• Limited attention span</li> <li>• Loss of objectivity</li> </ul>	<ul style="list-style-type: none"> <li>• Nervous</li> <li>• Anxiety</li> <li>• Fear</li> <li>• Worry</li> <li>• Anger</li> <li>• Mood swings</li> <li>• Flashbacks, nightmares, distressing dreams</li> <li>• Low self-esteem</li> <li>• Feeling less trusting (cynical and jaded)</li> <li>• Sadness</li> <li>• Depression</li> <li>• Grief</li> <li>• Feeling overwhelmed, hopeless</li> <li>• Feeling heroic, invulnerable, euphoric</li> <li>• Guilt or survivor guilt</li> <li>• Identification with family/survivor</li> </ul>	<ul style="list-style-type: none"> <li>• Crying episodes</li> <li>• Irritability</li> <li>• Arguing</li> <li>• Aggression</li> <li>• Blaming or criticizing others</li> <li>• Restlessness</li> <li>• Hypervigilant about safety</li> <li>• Social withdrawal, isolation</li> <li>• Change in appetite</li> <li>• Change in sleep habits</li> <li>• Loss of energy</li> <li>• Increased use of alcohol, tobacco or drugs</li> <li>• Accident prone</li> <li>• Inability to do job</li> </ul>



Care Team volunteers can take steps to minimize their vulnerability to compassion fatigue.

### TIPS TO AVOIDING COMPASSION FATIGUE

- ★ Limit the amount of time you spend assisting a family. Also take breaks to decompress and recharge.
- ★ Have realistic expectations of how you can help a family.
- ★ Take care of yourself. Eating properly and getting sleep is very important during times of high stress.
- ★ Use stress management techniques. (See handling stress.) Do things that help you relax.
- ★ Limit exposure to media coverage.
- ★ Talk to other Care Team volunteers or Chaplain. Talking is helpful to vent feelings and to find other ways to deal with stressors and issues you are experiencing.
- ★ Set more limits during this stressful time. Give yourself time alone to regroup.
- ★ Know your limits and quit the Care Team or take your name off of the Battalion Care Team roster, if necessary.
- ★ Seek professional help if you experience any of the following either during or after assisting a family:
  - overwhelming feelings of sadness, anger, despair
  - thoughts of suicide
  - difficulties getting along with others
  - trouble functioning
  - drinking or using drugs
  - difficulties sleeping.
- ★ Contact military Chaplain, your local religious leader, mental health association, or other agencies in your community that provide counseling services. Military One Source is also available to you. This military resource provides confidential counseling and assistance 24 hours a day through a toll-free number and Internet access:
  - From the United States: 1-800-342-9647.
  - From outside the United States ONLY: (toll free) 800-3429-6477 or call collect: 484-530-5908.
  - Online: <http://www.militaryonesource.com>

*Sources: This information is an adaptation of information from Coping with Stress article on Military One Source Web site and various stress management documents for disaster/emergency professionals posted on the Center for Mental Health Services of Substance Abuse and Mental Health Services (SAMSHA) Web site.*

### Acronyms

AAR:	After Action Review
ACS:	Army Community Service
AER:	Army Emergency Relief
AFTB:	Army Family Team Building
BAMC:	Brooke Army Medical Center, located in San Antonio, TX
BCT:	Brigade Combat Team
CAC:	Casualty Assistance Center
CAO:	Casualty Assistance Officer
CDR:	Commander
CNO:	Casualty Notification Officer
DFAS:	Defense Finance Accounting Service
DoD:	Department of Defense
DUSTWUN:	Duty Status - Whereabouts Unknown
FRG:	Family Readiness Group
ID:	Identification
ITO:	Invitational Travel Orders
JFTR:	Joint Federal Travel Regulation
KIA:	Killed in Action
LRMC:	Landstuhl Regional Medical Center, located in Germany
MEDEVAC:	Medical Evacuation
MIA:	Missing in Action
MMTF:	Military Medical Treatment Facility
NCO:	Non-commissioned Officer
NOK:	Next of Kin
NSI:	Not Seriously Injured
PAO:	Public Affairs Office/Officer
PNOK:	Primary Next of Kin
POW:	Prisoner of War
PTSD:	Posttraumatic Stress Disorder
Rear D:	Rear Detachment
RDC:	Rear Detachment Commander
SCO:	Summary Court Officer
SGLI:	Servicemember's Group Life Insurance
SI:	Seriously Injured
SNOK:	Secondary Next of Kin
SPECAT:	Special Category
TAPS:	Tragedy Assistance Program for Survivors
VSI:	Very Seriously Injured
WIA:	Wounded in Action
WRAMC:	Walter Reed Army Medical Center, located in Washington, DC

AFTER ACTION REVIEW FOR CARE TEAMS	
Event: Care Team Activation	
Event Date:	
AAR Date:	
What went well?	
What can we do better?	
Who helped?	
Recommendations:	



OPERATION  
**READY**  
Resources for Educating About Deployment and You

GETTING PREPARED, STAYING PREPARED

## IMPORTANT PHONE NUMBERS

	NAME	OFFICE #	HOME #	CELL #	EMAIL
Commander/RDC					
Care Team					
Battalion Care Team					
Casualty Assistance Officer					
Chaplain					
PAO					
FRG Leader					
Unit Information					
Unit Duty Officer					
Installation Duty Officer					



**TELEPHONE MESSAGES**

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
<hr/>	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
<hr/>	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
<hr/>	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
<hr/>	



# OPERATION READY

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## NOTIFICATION LOG

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**VISITOR LOG**

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	



## GIFTS AND MEALS

[illegible]



GROCERY LIST

PRODUCE

Fruits

Vegetables

CANNED GOODS

Canned Fruits

Canned Vegetables

Soup

FROZEN FOOD

Frozen vegetables

Frozen meals

Ice cream

BEVERAGES

DAIRY (milk, cheese, yoghurt, etc.)

MEAT/SEAFOOD

Meat

Poultry/Turkey

Seafood

Deli

Pre-prepared Food

Seasonings/Condiments

CEREAL/PASTA/BAKERY

Pasta/Rice

Bread

Cereal

Bakery

ETHNIC FOOD ITEMS (Italian, Mexican, Chinese, etc.)

CANDY AND SNACKS

BABY

Baby Food

Baby Items

PET SUPPLIES

TOILETRIES/HEALTH

Medicine

Feminine Product

PAPER PRODUCTS (napkins, toilet paper, paper towels, etc.)

Plastics

CLEANING/LAUNDRY SUPPLIES

OTHER

Prescriptions

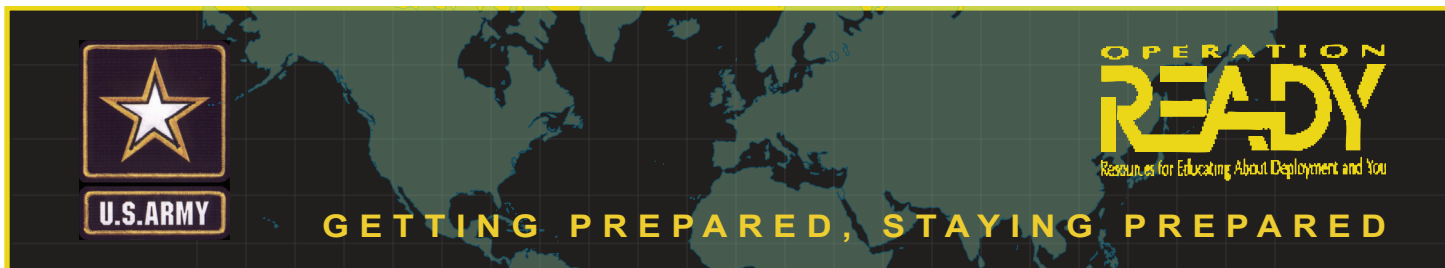


OPERATION  
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GETTING PREPARED, STAYING PREPARED

## VISITOR LOG

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	



## VISITING FAMILY AND FRIENDS TRAVEL INFORMATION

**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Mode Of Travel** \_\_\_\_\_  
Flying \_\_\_\_\_  
Arrival Date \_\_\_\_\_  
Time \_\_\_\_\_  
Airport Flight # \_\_\_\_\_  
Pov \_\_\_\_\_  
Arrival Date \_\_\_\_\_  
**Hotel Accommodations** \_\_\_\_\_  
**Number In Party** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Mode Of Travel** \_\_\_\_\_  
Flying \_\_\_\_\_  
Arrival Date \_\_\_\_\_  
Time \_\_\_\_\_  
Airport Flight # \_\_\_\_\_  
Pov \_\_\_\_\_  
Arrival Date \_\_\_\_\_  
**Hotel Accommodations** \_\_\_\_\_  
**Number In Party** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Mode Of Travel** \_\_\_\_\_  
Flying \_\_\_\_\_  
Arrival Date \_\_\_\_\_  
Time \_\_\_\_\_  
Airport Flight # \_\_\_\_\_  
Pov \_\_\_\_\_  
Arrival Date \_\_\_\_\_  
**Hotel Accommodations** \_\_\_\_\_  
**Number In Party** \_\_\_\_\_



## CHILDREN'S SCHEDULE

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
School Hours: \_\_\_\_\_ to \_\_\_\_\_  
Bus Schedule/Location: \_\_\_\_\_ Other transportation: \_\_\_\_\_  
After School Activities: \_\_\_\_\_  
Hours: \_\_\_\_\_ Location: \_\_\_\_\_  
Transportation needed: \_\_\_\_\_  
POC for more information (coach, Scout leader, etc.) \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
School Hours: \_\_\_\_\_ to \_\_\_\_\_  
Bus Schedule/Location: \_\_\_\_\_ Other transportation: \_\_\_\_\_  
After School Activities: \_\_\_\_\_  
Hours: \_\_\_\_\_ Location: \_\_\_\_\_  
Transportation needed: \_\_\_\_\_  
POC for more information (coach, Scout leader, etc.) \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
School Hours: \_\_\_\_\_ to \_\_\_\_\_  
Bus Schedule/Location: \_\_\_\_\_ Other transportation: \_\_\_\_\_  
After School Activities: \_\_\_\_\_  
Hours: \_\_\_\_\_ Location: \_\_\_\_\_  
Transportation needed: \_\_\_\_\_  
POC for more information (coach, Scout leader, etc.) \_\_\_\_\_



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## GETTING PREPARED, STAYING PREPARED

## MEDICINE SCHEDULE

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[illegible]

*Getting prepared — Staying prepared*

